GUIDE FOR PARENTS

Love

Sex

& BIRTH CONTROL
for
MENTALLY RETARDED

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Love, Sex and Birth Control

for the Mentally Retarded

A Guide for Parents

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The dogmas of the quiet past
are inadequate to the stormy present

-- *Abraham Lincoln*

LOVE, SEX AND BIRTH CONTROL

for the Mentally Retarded

A Guide for Parents

Introduction

Love, affection and sexual feelings are normal, natural and good, but when they aren't understood they can sometimes lead to unhappiness and tragedy.

A retarded youth has the same feelings, thoughts and desires as other children, and he has a need to understand them.

It is not easy for you as a parent to talk to your child about sex. Most parents have the same problem, so don't feel guilty about it. If you are wondering how frank you should be with your child, remember that most parents underestimate the information and misinformation their children have already learned from others.

All children have a natural, healthy curiosity about sex, but they often find that adults won't talk about it, so they are left with scraps of facts, half-truths, and mainly they are left with doubts.

Children are full of questions, many of which they are afraid or embarassed to ask. Some questions are answered accurately; some are not; some are not answered at all.

How does the child handle the doubts raised by unanswered questions? He dreams up the answers. The further away his own solutions are from knowledge, the wilder will be his fantasies. These fantasies are often accompanied by guilt and fear and may, therefore, stimulate inappropriate behavior.

It is unrealistic to believe that retarded children do not need the answers or that they will not seek the answers within themselves and from anybody who will talk about it. Usually their classmates and playmates don't know any more about sex than they do.

It is also unrealistic to believe that they will not experiment, even when very young, in normal acts of sexual curiosity or, later, in actual sexual behavior. Some parents believe that, by sheltering the child, they can prevent experimentation and sexual activity. The experts believe the opposite.

A child is more likely to have sexual problems when he *doesn't* know much about sex. Studies show there is *less* promiscuity and venereal disease among those with more information. Even pornography has not been proved harmful. Most young people who are informed about sex find pornography boring after awhile. If you satisfy their curiosity about sex, they will have fewer sexual problems.

How can you as a parent satisfy this curiosity for your retarded child? How can you prepare him or her to develop into an adult able to respond to love and affection when and where appropriate, whose sexuality is adjusted to his strengths and his limitations?

We do not expect to answer completely these questions for you. There are important things left unsaid, and of course you, as parents, will have to do a lot of thinking about these things on your own. But we hope you will be encouraged and take some new steps to help your child – steps you may have been afraid to take before. We hope that you will take hope that your child will be able to receive and give love and affection according to what is best for him, his family and the community where he lives.

What is Sex Education?

By "sex education" we mean much more than facts about reproduction, sexual intercourse, or the differences between male and female. The term covers all areas which have to do with human sexuality, including our attitudes, our feelings, our behavior, and the way we relate to ourselves and others. Therefore we must understand several important things that happen to our children in their early years if we are to help them develop healthy attitudes toward themselves and others.

Sexual pleasure is not just confined to stimulation of the genitals, as anyone knows. But many people don't realize that *all* pleasant physical contact is related to sex. This is true even of the youngest of babies who learn about the pleasures of physical contact through constant loving fondling. Parents stroke, kiss and cuddle them and they respond with affection. Babies find great satisfaction in using their mouths when eating and later when just plain sucking.

Obviously an infant is learning even though he does not yet talk. He will use early learning later in life. What he learns about love, affection and physical contact will affect his sexual attitudes and behavior when he becomes biologically ready to have children, the period called *puberty*.

For instance, toilet-training before a child is ready might create feelings of self-doubt, guilt and shame in him that could trouble him for the rest of his life, though he probably won't even be aware of them. In other words, if he has an "accident" and is punished and told that he is "bad" or "dirty" and he is not capable or old enough to control elimination, he may become seriously (and honestly) confused, so that he feels anxious, guilty and inferior.

Obviously children must be handled with patience and understanding. But this means that we must stop and think before we punish too quickly, deciding as honestly as possible whether our first purpose in so doing is really for the child's good, or is merely a reaction to our own, possibly unjustified, fear or anger.

This is also true when a child begins to discover and explore his own body. If we slap his fingers for playing with his genitals, but coo and smile and comment on how cute he is when he plays with his toes, he will be confused and he may associate his genitals with feelings of guilt and shame.

No one expects a baby who is barely old enough to walk, talk or know where the bathroom is to be anything but innocent and carefree. When he is old enough to go out in public, you can teach him not to touch his sex organs just as you can teach him not to pick his nose.

Much of what any child, including the retarded child, learns about sexuality comes from the general atmosphere of his family. How do *they* show affection? Do they touch each other? Do they express their feelings freely?

There is often a tendency in the family of a retarded child to swamp her or him with love and affection—more than they give another child—because talking with her is extra-difficult and because they may feel that they should "make up" for some of the other pleasures they think the child is missing. Indeed, it is very good for your child to feel your love in this way, but *it should not be overdone.* It is not fair to your child to make her feel dependent on this type of affection to the point where she expects and demands this from *everyone* as the only valid expression of approval, trust, love and friendship. She (or he) must learn early that strangers in our society do not hug and kiss each

other. If she doesn't, it will be difficult to tell her when she is older that often she must not show affection this way. You may ask, how can she learn this? By telling or showing your child how, when and why *you* demonstrate affection to others. For example, if an old friend walks into the house and you give her a hug and kiss, turn to your child and say "I am *so* glad to see Mary again I want to kiss her." And, after the traveling salesman leaves, point out, that you *didn't* touch him in any way because you never saw him before and it wouldn't be right to do so. In other words, keep explaining behavior and very firmly correct behavior when it is inappropriate. It *will* be difficult for you to tell her (or him) *not* to show affection when she is so small and "cute" about it, but as long as there is love from the family it will not harm her. Keep in mind that it causes much more hardship to break a habit than to avoid making it in the first place. Remember that this habit, unchecked, may lead to inappropriate sexual behavior later on.

What should you tell them, and how?

It is not easy to explain sexuality to your child. But don't assume it's too early and put it off. Remember, the sooner you begin to talk about sex with your child, the easier it will be for *you.*

First of all RELAX . . . He will probably be more comfortable than you are. Don't be afraid of causing harm by saying too much. He will be disinterested in what he cannot understand and only take in what he can.

Use short explanations and don't be afraid to use *his* language as well as your own. Be sure to find out what *other* words he might be using for sexual parts and activities, besides the "proper" ones. For instance, a penis may be a "ding-dong" or a vagina may be a "pussy" to the small child. Later on the penis may be called a "prick" or "stick" and the vagina a "cunt" or "box" or "slit."

Of course, as soon as they can learn, it is better that you teach them the correct words, such as penis, vagina, urinate, B. M., etc. However, we must realize that all children enjoy their own words as they are growing up and that words cause no harm as long as they are not used in polite society. Many parents find it hard to use "vulgar" words while speaking to their children, but children frequently use these words without shame. If you use these words the same way – naturally – without getting nervous or apprehensive, things will be much easier. You may want to practice with your spouse. Once the *child knows* that *you know he knows* these words, communication will be a lot simpler.

Although your retarded child may not ask how babies are born and may not show much curiosity about the sexual behavior of others, it is still your responsibility to present him with the essential facts.

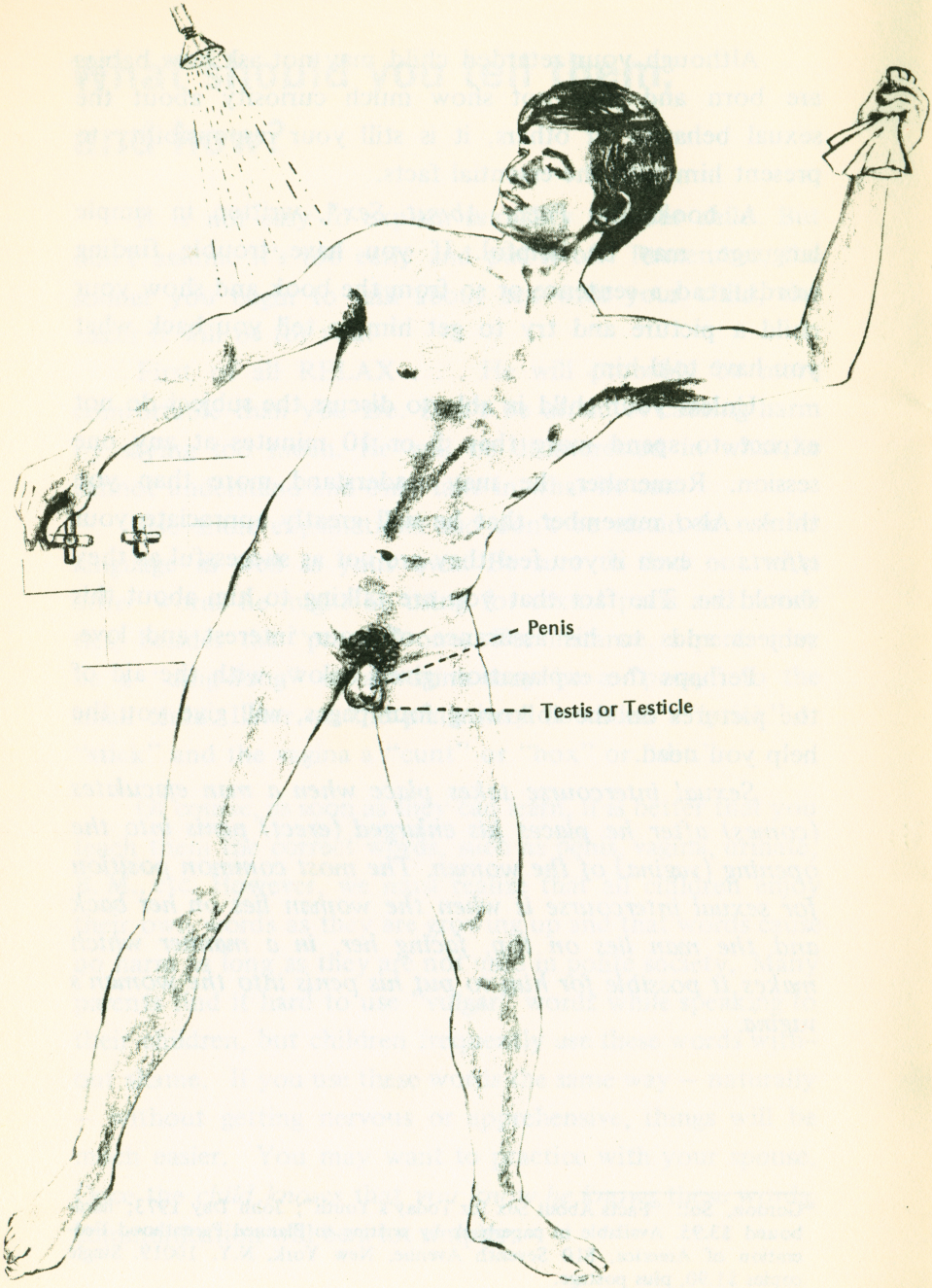
A book like *Facts About Sex**, written in simple language, may be helpful. If you have trouble finding words, read a sentence or so from the book and show your child a picture and try to get him to tell you back what you have told him.

Unless your child is able to discuss the subject do not expect to spend more than 5 or 10 minutes at any one session. Remember, he may understand more than you think. Also remember that he will greatly appreciate your *efforts* – even if you feel they are not as successful as they should be. The fact that you are talking to him about this subject adds to his assurance of your interest and love.

Perhaps the explanation given below, with the aid of the pictures on the following four pages, will give you the help you need.

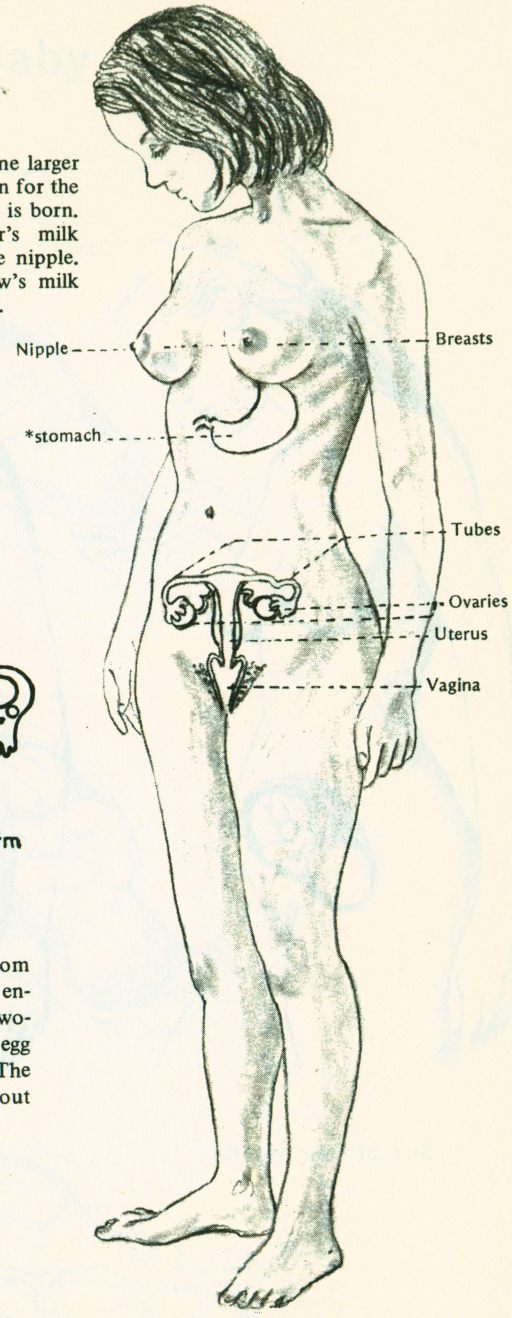
Sexual intercourse takes place when a man ejaculates (comes) after he places his enlarged (erect) penis into the opening (vagina) of the woman. The most common position for sexual intercourse is when the woman lies on her back and the man lies on top, facing her, in a manner which makes it possible for him to put his penis into the woman's vagina.

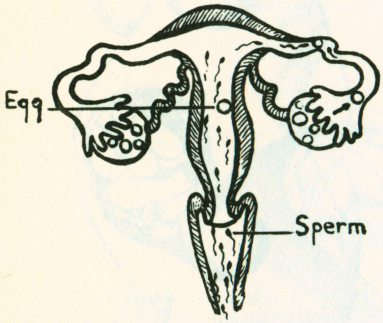
*Gordon, Sol: "Facts About Sex for Today's Youth"; John Day 1973; hardbound $3.95. Available in paperback by writing to Planned Parenthood Federation of America, 810 Seventh Avenue, New York, N.Y. 10019. Single copies $1.90, plus postage.



This is a sexually developed young man.

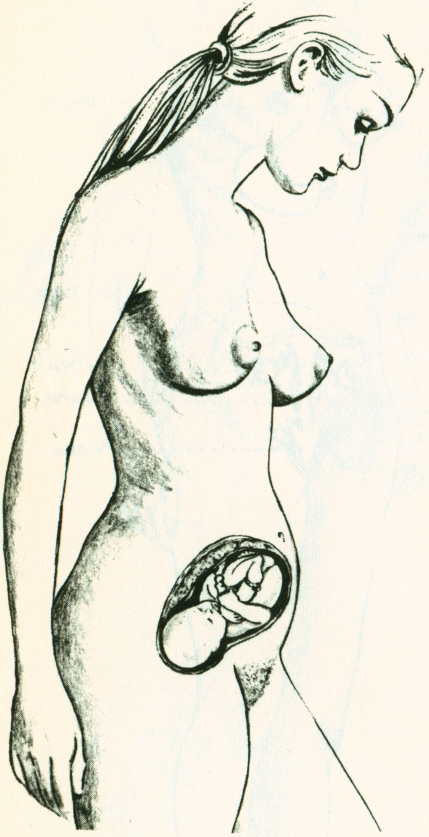
At pregnancy, the breasts become larger and firmer. This is in preparation for the milk they make after the baby is born. The baby sucks the mother's milk through a small opening in the nipple. The baby can also be fed cow's milk from a bottle with a nipple on it.



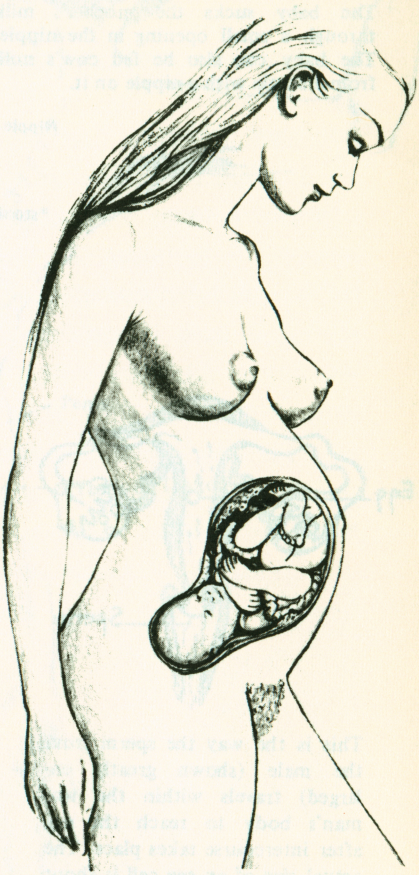


This is the way the sperm from the male (shown greatly enlarged) travels within the woman's body to reach the egg after intercourse takes place. The actual size of an egg cell is about the same as a grain of sand.

*Although people will often speak of the baby developing in the woman's stomach, this is not correct. The baby remains in the uterus until birth.

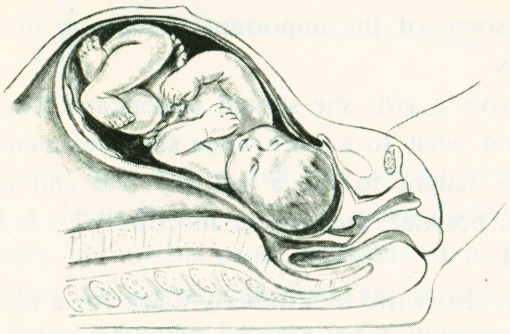


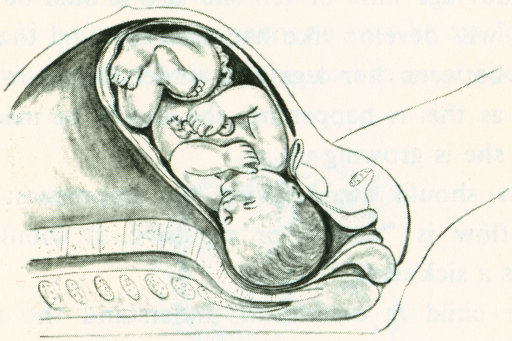
Size at four months

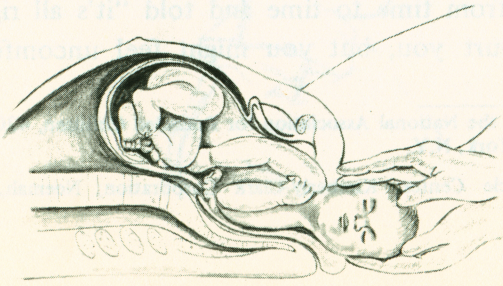


Size at seven months

Birth of a Baby







Preparing for Puberty

Puberty is the time when your child is biologically ready to have children, and it usually comes between the ages of 10 and 13, although it might not come until 15 or 16 for some.

Before your child reaches puberty, he or she should be prepared for some of the important changes in life which are on the way.

If you have a girl, she should understand what menstruation is and what to expect when she does menstruate. She should be taught to use a sanitary pad and tampon. Ann Pattullo's booklet, *Puberty in the Girl who is Retarded**, is helpful.

You may also write to Kimberly-Clark for a kit with a small tampon and lubricant to make easier the first insertion and the stretching of the hymen.#

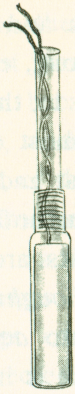
At about age nine or ten she also should be told that her breasts will develop like her mother's and that she will grow hair between her legs and under her arms. Equally important, as this is happening, she should be made to feel proud that she is growing up.

Parents should avoid giving the impression that the menstrual flow is "nasty" or repulsive. It should not be talked of as a sickness.

If the child is unable to understand the menstrual cycle, she should be calmly assured that bleeding happens to all girls from time to time and told "it's all right" and "it won't hurt you, but you might feel uncomfortable."

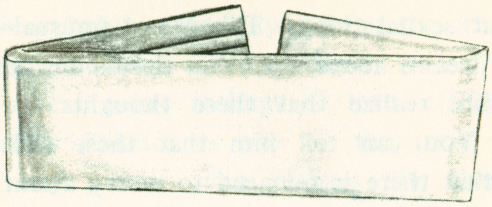
*Available from the National Association for Retarded Children, 420 Lexington Avenue, New York, N.Y.

#The Life Cycle Center, Kimberly-Clark Corporation; Neemah, Wisconsin 54956.



Tampon

Sanitary Pad



If you have a boy, tell him not to be surprised when he has a "wet dream". This is when "white sticky stuff" will come out of his penis, probably at night. Assure him that these nocturnal emissions are natural for all boys. Many boys feel guilty because the ejaculation in these "wet dreams" is sometimes accompanied by pleasant sexual feelings or dreams which he may not understand. Isn't it better if he is told before this happens so that he can look forward to it as one sign that he is on the road to manhood?

When puberty is reached, for both boys and girls, sexual urges and feelings may become very strong, except for the severely retarded. Your child will begin to think a lot about sexual things. This is not unusual–almost everyone daydreams about sex. You should be honest and help your child realize that these thoughts are natural and normal. You can tell him that these thoughts are not wrong; that there is no need to worry about *thoughts,* no matter how strong. Putting these thoughts into *actions,* however, may cause him and others harm and it is important that he know enough to control himself.

It is natural for you to become anxious when you know that your child is having these sexual feelings and that he or she is physically capable of being a mother or father. You realize that at this time his need to express love and affection through physical contact could lead to sexual intercourse. This should not mean that your child cannot learn to enjoy the company of the opposite sex in a responsible way. This feeling of responsibility begins to take shape with some understanding of his own sexuality, (what it means to be a man or a woman), and a feeling of self-identity. Good sex education given at home or by the school or institution can give him a clearer idea of what society expects of him in this regard and of what life is all about.

In any case, he must realize, through honest and straightforward talk, that what *he does with his feelings* are *his responsibility*. You must help him realize that there are limits to sexual behavior as there are limits to most other behavior.

Children appreciate limits, in spite of their initial resistance. They need to know how far they can go before

hurting themselves or someone else. This is especially important for the retarded, who can be sexually used by others because of their poor judgment, their desire to please, and their habit, especially among the institutionalized, of doing whatever is asked of them.

To help them enjoy feelings of love, affection and sex in a healthy balance is one of the most difficult challenges to any parent, who realizes that these same feelings can cause deep grief and trouble if misused or misdirected.

In spite of all your efforts, and those of others, your son or daughter may clearly show to you that he cannot use judgment, or cannot control his feelings, because of emotional problems. Then you will have to face the fact that your daughter is in danger of becoming pregnant or that your son is in danger of making a girl pregnant. If this is indicated, you may want to seek help from a birth control center and perhaps you will want to seek special counseling.

What About Masturbation?

Masturbation is stimulation of the sex organs for sexual pleasure (for boys and girls).

Children learn while they are still tiny that when they handle their genitals it feels good. As they grow up, most children masturbate and will continue to do so no matter *what* parents do or how they feel about it.

Do not feel distressed to find your child masturbating. *Masturbation rarely causes physical harm.* If genital stimulation, whether in sexual relations or masturbation, takes place a large number of times in a day, some minor bleeding may result. However, the possibility of *permanent* physical damage is so remote that a child should not be told he will cause himself physical harm by masturbating. It is extremely important to his (or her) sense of well-being that he is not made to feel that he is bad because he masturbates or to feel ashamed of the sexual feelings and thoughts that lead to masturbation.

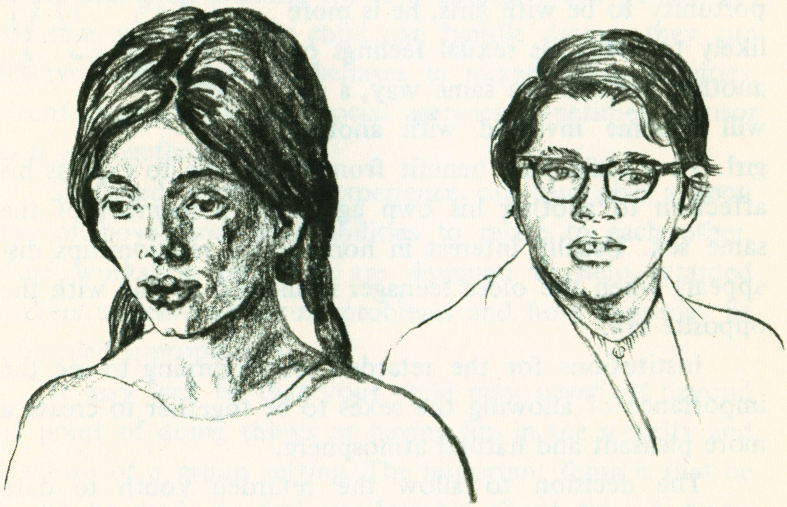
As with everything else, however, you as a parent have the right to set limits. He (or she) should be told not to stroke and play with the genitals in the company of others –if he doesn't already know this or appears to have forgotten it. If the child persists, he may have to be removed from the room as quietly as possible–but with no harsh punishment. He will learn, just as he learned to urinate only in the bathroom.

It is possible that you may find your child spending much of his time in his room masturbating. If this happens, it is possible that masturbation has become an expression of unhappiness and loneliness. People can use masturbation to avoid facing life. Such a situation may be improved by

finding more things for your child to do which give him satisfaction and by insisting that he spend more time with others.

If this doesn't seem to work, you may need to seek help from a child guidance clinic. There is no need to panic about the problem however, as it is seldom so acute that it requires immediate attention.

For many mentally retarded youth and adults, masturbation may well be their main, or only outlet for physical expression of their sexual impulses. If done privately and voluntarily, that is, if it is pleasurable and does not become a matter of self punishment, it should be respected and considered normal.



What are the Merits of Dating?

The sexual drives of the retarded are often misdirected when there is a lack of companionship with the opposite sex, and often from being institutionalized. If a boy is constantly with other boys and has no opportunity to be with girls, he is more likely to focus his sexual feelings on another boy. In the same way, a girl will become involved with another girl. Your child may benefit from being able to express his affection to another his own age, even a member of the same sex. Usually interest in homosexual relationships disappears when the older teenager is allowed to mix with the opposite sex.

Institutions for the retarded are beginning to see the importance of allowing the sexes to be together to create a more pleasant and natural atmosphere.

The decision to allow the retarded youth to date without supervision must be based on his ability to follow rules and use good judgment, his understanding of sexual stimulation and his ability to control it. Some good rules for girls could be:

- "Dresses are kept down, not lifted so that legs and panties show;"
- "Buttons and zippers are kept fastened;"
- "Do not approach strange men and attempt to be friendly with them;"
- "If you are lost, ask directions only of another woman or a policeman."

Additionally, retarded youths-- particularly boys-- should be warned against sexual play with young children. Even though the youth's intent is no doubt innocent, the consequences might well be hysterical and drastic. It might even be wise to go so far as to tell an adolescent not to touch a child he does not know well.

As with all young people, group activities and double dating are good training for solo dating. When parents are not sure whether their child can handle dating, they can observe how he or she behaves in mixed group activities. Parent organizations and social agencies sometimes sponsor such get-togethers.

Sheltered workshop experience can also give a good idea of boys' and girls' abilities to relate to each other. Some workshop programs are designed to help retarded workers understand sexual problems and how they may be controlled appropriately.

It may well be that your child may never get beyond the point of doing things or having fun in the security and structure of a group setting. The important thing is that he or she be made to feel comfortable about this. A tragic mistake is to overemphasize boy-girl relationships *in pairs* as the highest accomplishment of social behavior. It only adds to feelings of inferiority of a retarded youth to be given this message if he cannot accomplish this.

Sexual Intercourse?

Before dating, it is important that your adolescent be well informed about sexual intercourse, the emotions that lead to it, and the results of engaging in it. This cannot be done in one simple talk. It must be discussed in many different settings and various ways, hopefully, with several different people.

It is certainly unrealistic to think that children, particularly teenagers, do not have some notions about sexual intercourse, though these notions are often way off base. It is also asking too much of you as a parent to believe that you can discuss every detail with your child. Often it is a good idea to ask a friend or professional to help. (Be sure, however, that you and the other person agree on the messages you want to get across. Otherwise it is better to do it on your own.)

The retarded youth must understand that sexual intercourse is not to be dealt with lightly. He should understand that when people have intercourse, the relationship between the two people is usually deep and lasting; also that they must not gamble. They must either prevent conception or be able to assume the responsibility for a baby. Babies born to retarded parents often suffer from neglect or must be raised by someone else.

A girl should be taught that she need not allow a man to do what he wants to her body in order to have dates, keep his attention, or get his love; that it should not be necessary to have intercourse to please him. She should be taught that if a boy says to her that he won't go out with her any more unless she has sex with him, he is only trying

to trick her into something that is wrong. She should be told that the boy may not take her out again even if she does agree, and that if he *really* cares for her, he will accept her terms.

A boy needs to understand that he can enjoy being with a girl without being sexually aggressive or without having intercourse with her, and that he is more likely to win a girl's approval with a friendly, gentle approach.

Venereal Disease (VD)

All young people need to know the facts about V.D. in these days of soaring Gonorrhea and Syphilis rates. It is your job to explain the symptoms of V.D. to your son or daughter. At the same time, the family should regard V.D. as they would any other health problem.

Venereal disease comes about from having sexual relations with someone who is already infected. There are two main kinds of V.D.: *Gonorrhea* and *Syphilis*.

The first sign of Gonorrhea is a burning sensation in the sex organ when urinating. This would be noticed five to fourteen days after sex relations. Soon afterwards, pus appears.

The first sign of Syphilis is a sore (chancre) on the genitals or elsewhere that heals after several weeks. The second sign is a rash over the body, often accompanied by sores in the mouth, and swellings and aches in the groin, the neck, and other areas of the body.

While the signs of both these diseases may disappear, they are often replaced by headache, fever and sore throat. Untreated, venereal infections can cause crippling conditions, including blindness and insanity, and can result in death. However, when discovered early and treated by a doctor, V.D. can in most cases be cured.

One serious problem is that some females who contract V.D. do not show obvious signs of it at the early

stages. A blood test may be necessary to detect Syphilis and a vaginal smear for Gonorrhea.

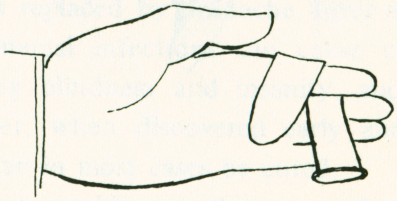
It is very important that your child understands that *disappearance of the initial symptoms does not mean that the disease is gone.**

*See Gordon, Sol: "Facts About VD for Today's Youth", John Day, 1973.

Birth Control

You as a parent may have special anxieties about explaining birth control to your child because you may feel that he (or she) will interpret it as meaning that you expect him to have intercourse.

You can avoid this in several ways. First, you have an excellent opportunity to give your child a simplified version at the time when you explain how a baby is conceived. For example, you might tell him that there is an opening between a woman's legs into which a man puts his penis, that sperm come out of the penis, swimming up the hole until it meets a tiny egg which the woman makes in her body, and in this way a baby is started. *At the same time*, you can make him aware of birth control by explaining that when people have intercourse they often do not want to start a baby, but only to show love for each other. At such times they do something to keep the sperm and egg from meeting – a woman can take a special pill, a man can cover his penis with a condom (rubber). This is also a good time to tell a boy directly that unless he uses a condom he will risk getting V.D. and if the girl is not taking some other precaution she could become pregnant.



Another way to discuss birth control is to start by being indirect. That is, you could tell your son or daughter

that some married couples do not want a child because they can't afford it or because the wife cannot give it proper care, but they still want sexual intercourse. *They* take precautions. After this is understood, it is more natural to talk about the subject in more personal terms.

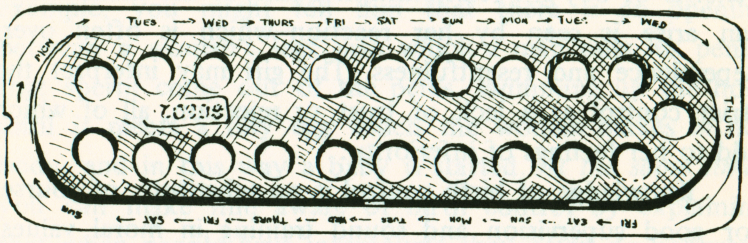
You, as a parent, may worry that your retarded daughter might get pregnant, and in order to prevent this you must supervise her every move. This is hard on you and your daughter and may cause her to miss the fun and benefits of boy-girl relationships. Some of the harm which can arise is seen by her reaction--which is often over-dependence and resentfulness. The girl may interpret the strict control as a lack of trust, or rejection, all of which add to her feelings of inferiority.

Knowledge of birth control is no substitute, of course, for good supervision and sound training in moral values. But sometimes the fact that parents feel sure their daughter is aware of a means of control and is able to use it can do much to relieve anxiety, and this relief is helpful to the parent-daughter relationship.

With proper training, birth control should not lead to promiscuity. The newer contraceptives, including the birth control pill, intrauterine devices (called IUDs) and the injectables or "shots" have made birth control possible for most retarded individuals.

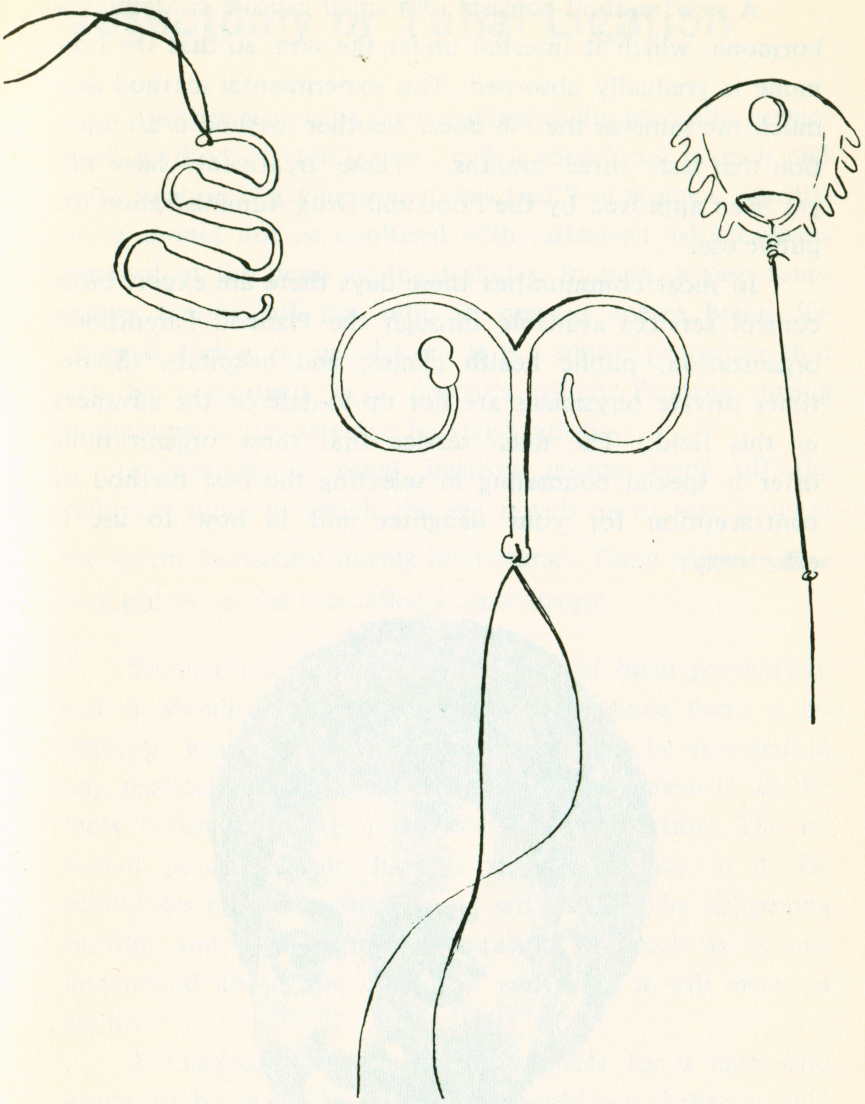
Contraceptive Methods

The *birth control pill* prevents pregnancy by stopping the woman's body from providing the egg. Only physicians should prescribe birth control pills. Some retarded women are successfully taking the pill but they must be capable and reliable in following directions and routines.



one of the common varieties of birth control pills

The *IUD or "coil" or "loop"* is a small device (the shapes vary) that a physician inserts into the uterus to prevent pregnancy. It may be difficult for an IUD to be used by a girl who has not had a baby, but an IUD is sometimes advisable even though it may cause some pain and bleeding for a short time after insertion. For these reasons it is important to go to a specialist, as the general practioner often is not trained to insert the device. The IUD is still an excellent birth control choice for the retarded, because once inserted it requires little attention and can remain in good condition for a year or more. The physician must check it from time to time, however, to be sure it has not been expelled.



THREE TYPES OF
THE INTRAUTERINE DEVICE (IUD)
Sometimes called "Coil" or "Loop"
(Shown Actual Size)

A new method consists of a small capsule containing a hormone, which is inserted under the skin, so that the hormone is gradually absorbed. This experimental method acts much the same as the Pill does. Another method is an injection that lasts three months. These treatments have not yet been approved by the Food and Drug Administration for public use.

In most communities these days there are expert birth control services available through the Planned Parenthood organization, public health clinics, and hospitals. (Sometimes private physicians are not up-to-date on the advances in this field.) The main service that these organizations offer is special counseling in selecting the best method of contraception for your daughter and in how to use it effectively.

Vasectomy or Tubal Ligation

Another means of birth control is the generally *permanent* method of sterilization, called vasectomy in men and tubal ligation ("having your tubes tied") in women. Sterilization should not be confused with castration, which means removal of the penis or the testicles. In men, a vasectomy means closing off the tube to prevent sperm being discharged during an ejaculation. It is a simple procedure that can be performed in a doctor's office. Pleasure during intercourse is not affected by sterilization.

In women, a tubal ligation means tying off the fallopian tubes in which the egg travels on its way to meet the sperm discharged during intercourse. There is now a new easy procedure for this called a *laparoscopy*

Sterilization is the safest method of birth prevention, but it should be considered permanent since there is no absolute guarantee that the operation can be reversed in any particular case. Consideration should be given to all the facts before reaching a decision for sterilization. The retarded person should have a respected voice in it. He should be helped to understand what would be happening to him and so he should be taught as much as he can understand about the operation and what it will mean in his life.

A vasectomy may also be desirable for a man who wants to be sexually active but should not father a child for genetic reasons (established by a physician) or mental reasons (he cannot adequately assume responsibility for a baby).

There are no laws against sterilization although it is sometimes difficult to find a private physician who will perform this operation on a minor, or on someone who does not have children. Help in this area can also be given by your local Planned Parenthood group or by the Association for Voluntary Sterilization.*

We are not suggesting that sterilization should be used as a means of reducing the number of persons born with mental retardation. Rather, we feel that parents and their older adolescent and adult retarded children should be aware of sterilization as an alternative that should be seriously considered.

*Association for Voluntary Sterilization, Inc., 14 W. 40th Street, New York, N.Y.

Abortion

If unintended pregnancy does occur, there may be a good reason for it to be terminated. It is now possible for an abortion to be performed, legally and safely, at a minimum cost.

If an abortion is to be performed, it is very important that the pregnancy be determined and the decision made within the first twelve weeks of pregnancy so that it may be done with as little difficulty as possible. The risks in such abortions are less than are involved in giving birth. Abortions *can* be performed to about the 24th week of pregnancy, but they become more complicated and costly the longer the pregnancy.

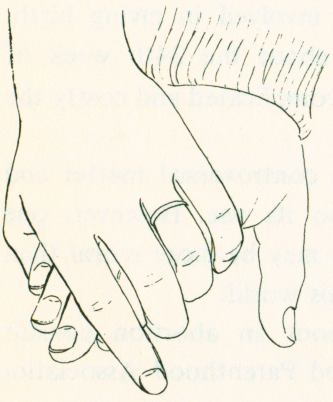
It is true that abortion is a controversial matter and that some people are opposed to its use. However, one needs to consider that an abortion may be more moral than bringing an unwanted child into this world.

For specific information about an abortion consult your physician, your local Planned Parenthood Association or your City or County Health Department.

What About Marriage?

When the retarded child reaches puberty, you will want to take a good look at the expectations you hold for your child.

Unrealistic goals must not be set for a retarded youth. He should be guided toward a life in line with his own specific aptitudes and abilities, allowing him adequate independence to develop social skills and a sense of responsibility. On the other hand, there is the danger of overestimating his ability and pushing him into situations where he will experience only failure and frustration.



Often there is much kidding about boyfriends and girlfriends marrying – as though it were expected of them. Rather than this teasing, how much better it would be if they could be made to understand from an early age that some people by *their own choosing* do not marry or have children and that these people are just as normal and can be just as happy as those who do.

Parents are making great progress in helping their retarded children lead fuller and more normal lives. As a result, boys and girls are meeting and working together and falling in love more naturally.

You as a parent may be faced with the problem of whether your retarded young adult should marry. Retarded children are asking, "Will I be able to marry?" or "Why can't I get married?"

These questions aren't easy to answer, but in order to answer them for yourself you should ask yourself and those who have helped to educate your child such questions as:

1. To what degree can our child carry on a continued relationship successfully?
2. How much responsibility for himself and for others can he assume?
3. How does he handle his feelings? Is he capable of understanding them or of understanding the feelings of others?

Some children may just have to be told that they can't marry, just as they can't own a gun or drive a car. However, there have been reports of successful marriages among mentally retarded couples. A good pamphlet, which can be read before marriage is considered, is *Be Informed on Marriage**, by Maxine Phillips. It is written at about a sixth-grade reading level.

Marriages among retarded couples, however, are often more successful if there are no children. There are many cases that have shown that raising children is too great a strain and the children are deprived of the care and the intellectual stimulation they need.

Teaching your child to accept the possibility of a marriage without children is difficult. Parents need to discuss their successes and failures within their own groups

*For a copy of the pamphlet, write to New Readers Press, P.O. Box 131, University Station, Syracuse, N.Y. 13210. The cost is 50 cents.

which are devoted to the needs of the retarded and, if possible, with such professionals as social workers, physicians, psychologists, clergymen and special education teachers.

It may be advisable to consult a genetic counselor to find out whether the retardation is likely to be hereditary. Some hospitals in the larger cities have this service. Check with your doctor or local Planned Parenthood Association for further information.

What if She Wants Children?

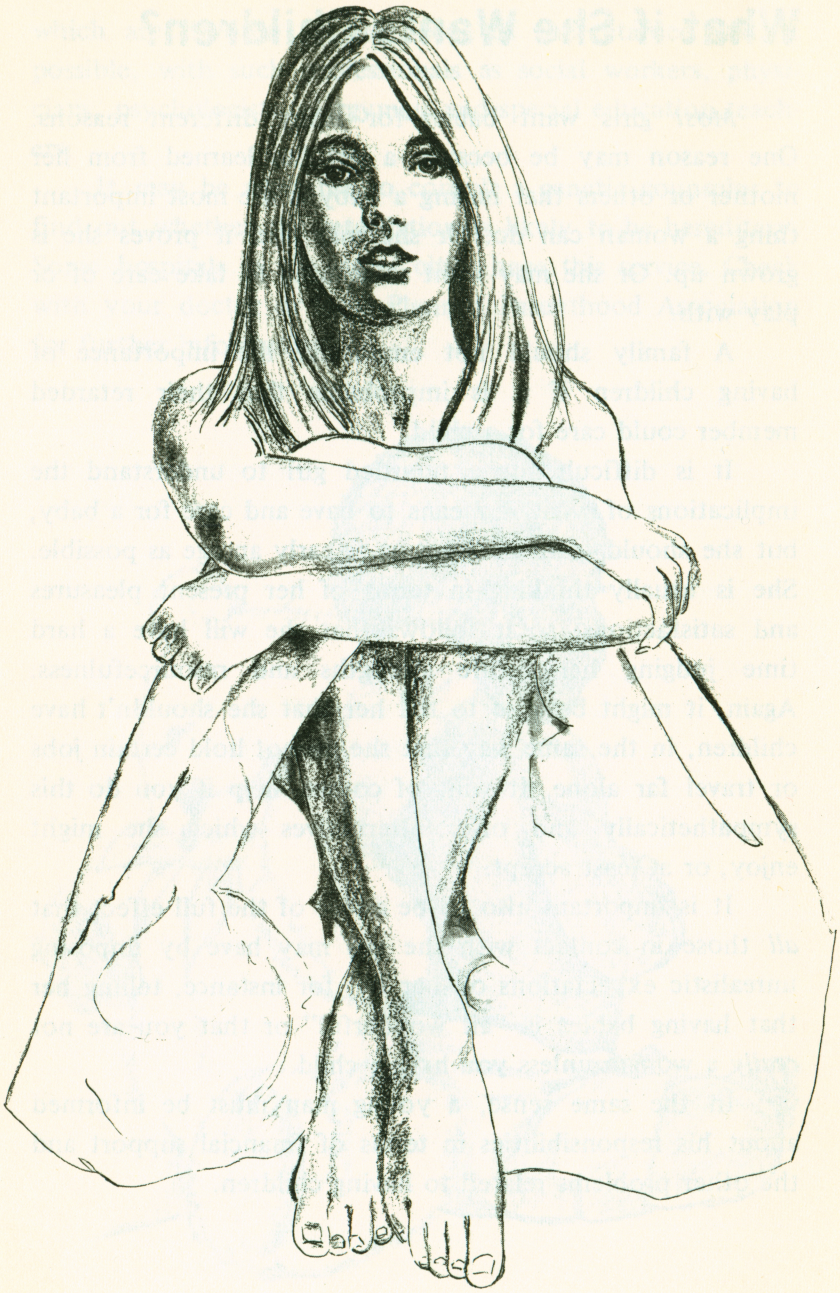
Most girls want babies–for many different reasons. One reason may be because a girl has learned from her mother or others that having a baby is the most important thing a woman can do. Or she may feel it proves she is grown up. Or she may want something to take care of or play with.

A family should not emphasize the importance of having children if it is improbable that their retarded member could care for a child.

It is difficult for a retarded girl to understand the implications of what it means to have and care for a baby, but she should learn about it at as early an age as possible. She is usually thinking in terms of her present pleasures and satisfactions, so it follows that she will have a hard time judging her future strengths and resourcefulness. Again, it might be wise to tell her that she shouldn't have children, in the same way that she cannot hold certain jobs or travel far alone. It will, of course, help if you do this sympathetically and offer alternatives which she might enjoy, or at least accept.

It is important also to be aware of the full effect that *all* those in contact with the girl may have by imposing unrealistic expectations on her by, for instance, telling her that having babies is "all wonderful" or that you are not *really* a woman unless you have a child.

In the same sense, a young man must be informed about his responsibilities in terms of financial support and the other problems related to having children.



Conclusion

Parents of handicapped children must assume the responsibilities of being informed and keeping their children informed in this crucial area of human interaction.

This task is not easy and parents should make known to schools and institutions that they want their help. They should encourage the introduction of appropriate sex education programs for the children, as well as inservice education programs for the *staff*. This last point is especially important if the ideals of the home are to be reinforced at the school or institution. Even good teachers or staff people are not always aware of how damaging it may be to a child to rib him about marriage, or about having children, or to make him feel guilty about masturbation.

Although none of the books mentioned is written for retarded teenagers, they contain information and moral guidance about sexuality that can be helpful to parents of any teenager or young adult.

If we have a final message to leave you with, it is: *Don't assume that the less the child knows the better off he'll be*. That is a good way to ask for trouble.

ADDITIONAL RESOURCES ON SEXUALITY AND THE MENTALLY RETARDED

BOOKS

Bass, Medora (ed.) — *Sexual Rights and Responsibilities of the Mentally Retarded: Proceedings of AAMP Conference, Region IX,* 1972. 216 Glenn Road, Ardmore, Pa. 19003.

Bass, Medora — *Developing Community Acceptance of Sex Education for the Mentally Retarded.* Siecus, 1855 Broadway, New York, 1972.

de la Cruz, Felix and LaVeck, Gerald D. (ed.) — *Human Sexuality and the Mentally Retarded: Proceedings of a Conference on Human Sexuality and the Mentally Retarded.* Arkansas, Brunner/Mazel, Inc., New York, 1973.

Kempton, Winifred — *Guidelines For Planning a Training Course on Human Sexuality And The Mentally Retarded.* Planned Parenthood Assoc-tion of Southeastern Pennsylvania, Philadelphia, 1973.

ARTICLES AND PAMPHLETS

Gordon, Sol — "Missing In Special Education." *Journal of Special Education,* 1972. (In Press)

Johnson, Warren — "Masturbation." *Siecus Study Guide No. 3,* Siecus, 1855 Broadway, New York, 1972.

Johnson, Warren — "Sex Education and the Mentally Retarded." *Journal of Sex Research,* Vol. V, No. 3. 1969, pp 179-183.

Patullo, Ann — *Puberty In The Girl Who Is Retarded.* Association for Retarded Children, New York, 1969.

FILMSTRIP

"Mental Retardation and Sexuality" — This filmstrip can be used for a parents' group as a basis for discussion. It is based on this booklet. Planned Parenthood Association of Southeastern Pennsylvania, Philadelphia, 1972, W. Kempton (Director).

For a list of Planned Parenthood Affiliates in your area or for additional literature, write Planned Parenthood Federation of America, Inc. 810 Seventh Avenue, N.Y.C., N.Y. 10019.

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